

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7		1					57			
8		2					58			
9		3					59			
10		4					60			
11		5					61			
12		6					62			
13		7					63			
14		8					64			
15		9					65			
16		10					66			
17		11					67			
18		12					68			
19		13					69			
20		14					70			
21		15					71			
22		16					72			
23		17					73			
24		18					74			
25		19					75			
26		20					76			
27		21					77			
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31		25					81			
32		26					82			
33		27					83			
34		28					84			
35		29					85			
36		30					86			
37		31					87			
38		32					88			
39		33					89			
40		34					90			
41		35					91			
42		36					92			
43		37					93			
44		38					94			
45		39					95			
46		40					96			
47		41					97			
48		42					98			
49		43					99			
50		44					100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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